**FELLOWSHIP AWARD LETTER TEMPLATE INSTRUCTIONS**

* Complete all information in **BOLD/CAPS**
* Note that the “CHOOSE A PAYMENT OPTION” is a dropdown menu
* Choose only one option and delete the alternative regarding tuition/health insurance
* Print the fellowship award letter on departmental letterhead
* A copy of the fellowship award letter should be attached to the Graduate Fellowship Payment Information Form (GF-PIF) and sent to the “Fellowship Coordinator” via email (grad-fellowships@ncsu.edu) or campus mail (CB# 7102) *by the 15th of the month*

***NOTE: Fellowships providing awards of $3,000 or more for a given academic term are automatically classified as Primary Support and are required to provide for full tuition and health insurance except in rare cases explicitly pre-approved by the Graduate School.***

**DATE**

**STUDENT’S NAME
STUDENT’S STREET ADDRESS
CITY, STATE, COUNTRY, ZIP**

**Dear**  **STUDENT’S NAME**:

Congratulations on being awarded the **NAME OF FELLOWSHIP** in the amount of $**AMOUNT for the period DATE to DATE**. This award is provided through funding from the **NAME OF OFFICE/AGENCY**. Your award will be disbursed as **NUMBER OF PAYMENTS** **CHOOSE A PAYMENT OPTION** beginning **DATE**. For a disbursement schedule, please visit the website provided at the bottom of this letter. In addition to the award stipulated above, this fellowship **(CHOOSE ONE OF THE FOLLOWING)** is a supplemental fellowship and does not provide additional funding for tuition and health insurance **OR** provides funds for your tuition and health insurance. To receive these benefits you must satisfy all requirements (including minimum enrollment and tuition time limits https://grad.ncsu.edu/wp-content/uploads/2015/11/gssp-pocket-chart.pdf) as specified by the rules of the Graduate Student Support Plan (GSSP). For a full description of the requirements and benefits of the GSSP, please see <http://go.ncsu.edu/gssp>. ***(INSERT OPTIONAL DEPARTMENT LANGUAGE: The letter should also contain language describing other types of funds provided for by the fellowship where applicable.)***

The following are required as conditions of this fellowship:

1. Full-time enrollment
2. Must be a graduate student in good academic standing
3. Enrollment in direct deposit through “Student Self Service” via the MyPack Portal
4. Foreign national students must meet with a Foreign National Tax Specialist in the International Employment Tax Group of NCSU Human Resources for tax assessment and to sign appropriate tax forms
5. **INSERT OPTIONAL DEPARTMENT REQUIREMENTS**

The stipend and other components of this award, though not considered wages, may be taxable income. Please refer to IRS Pub. 970, Tax Benefits for Education, for additional information. If you have any questions regarding your fellowship, please contact **DEPARTMENT CONTACT**, **TITLE** at **PHONE**/**EMAIL**.

Sincerely,

**NAME OF DGP/DEPT HEAD/PROGRAM DIRECTOR**
**TITLE**

I accept this offer of the **NAME OF FELLOWSHIP** and understand the related terms and conditions.

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(Signature) (Date)

*Disbursement schedule:* [*http://www.ncsu.edu/grad/financial-support/payment-schedule.html*](http://www.ncsu.edu/grad/financial-support/payment-schedule.html)